

| <b>Electronic Patent Application Fee Transmittal</b>    |                                     |          |        |                      |
|---|-------------------------------------|----------|--------|----------------------|
| <b>Application Number:</b>                              | 10596111                            |          |        |                      |
| <b>Filing Date:</b>                                     | 06-Mar-2007                         |          |        |                      |
| <b>Title of Invention:</b>                              | Medical Measuring Device            |          |        |                      |
| <b>First Named Inventor/Applicant Name:</b>             | Rolf Neumann                        |          |        |                      |
| <b>Filer:</b>   | Thomas Michael Lundin/Patricia Heim |          |        |                      |
| <b>Attorney Docket Number:</b>                          | PHDE030400US                        |          |        |                      |
| Filed as Large Entity                                   |                                     |          |        |                      |
| <b>U.S. National Stage under 35 USC 371 Filing Fees</b> |                                     |          |        |                      |
| Description   | Fee Code                            | Quantity | Amount | Sub-Total in USD(\$) |
| <b>Basic Filing:</b>                                    |                                     |          |        |                      |
| <b>Pages:</b>   |                                     |          |        |                      |
| <b>Claims:</b>  |                                     |          |        |                      |
| <b>Miscellaneous-Filing:</b>                            |                                     |          |        |                      |
| <b>Petition:</b>  |                                     |          |        |                      |
| <b>Patent-Appeals-and-Interference:</b>                 |                                     |          |        |                      |
| <b>Post-Allowance-and-Post-Issuance:</b>                |                                     |          |        |                      |
| <b>Extension-of-Time:</b>                               |                                     |          |        |                      |

| Description                       | Fee Code | Quantity | Amount | Sub-Total in USD(\$) |
|-----------------------------------|----------|----------|--------|----------------------|
| <b>Miscellaneous:</b>             |          |          |        |                      |
| Request for continued examination | 1801     | 1        | 810    | 810                  |
| <b>Total in USD (\$)</b>          |          |          |        | <b>810</b>           |